

## LEON COUNTY INDIGENT BURIAL NEXT OF KIN STATEMENT

Name \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Are you aware of any relative who could assume responsibility for the Deceased?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the following information:

Name \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

I, \_\_\_\_\_, authorize Leon County to bury/cremate the body of \_\_\_\_\_ consistent with County burial/cremation procedures and practices. I do not claim the body of \_\_\_\_\_. I agree to indemnify and hold the County from all claims, damages, liabilities, or suits of any nature whatsoever arising out of, because of, or due to the burial/cremation, including but not limited to costs and a reasonable attorney's fee. The County may, at its sole option, defend itself or allow the undersigned to provide the defense.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Before me this day \_\_\_\_\_ of \_\_\_\_\_, 2012 personally appeared \_\_\_\_\_

\_\_\_\_ Personally Known or \_\_\_\_ Produced Identification: \_\_\_\_\_

Notary Signature \_\_\_\_\_

Seal